



# FINANCIAL ADMINISTRATION

The following information details how to manage the financial assistance you have received from the Department of Natural Resources for your Healthy Lakes grant project.



## Project Grant Awards

You have received a grant agreement from the Department outlining the approved project scope, start and end date, and budget. Sign the grant agreement and return to your [Environmental Grant Specialist](#) within 30 days.

## Grant Agreement Effective Dates

The start date defines the effective date of the grant. All Healthy Lakes grants have a start date of April 15 and an end date of June 30, two years later. All eligible project costs must be incurred within these dates.

Grantee match is calculated on a grant scale, so volunteer hours completed by one landowner can be used by another landowner.

## Changes to the Grant Agreement (Amendments)

Requests for changes to the grant agreement, including changes of properties and/or Healthy Lakes best practices (scope amendment), must be submitted to your [Environmental Grant Specialist](#) before work is conducted. If the best practices cannot be completed by the grant agreement end date, a request to extend the term of the grant agreement (time amendment) must be submitted to your Environmental Grant Specialist prior to the grant end date.

## Financial Administration During the Project (Grantee Responsibilities)

The accounting procedures and fiscal controls used to record project costs must be based on generally accepted accounting principles. You must:

- Establish a separate ledger account for project expenditures.
- Submit payment requests using the Grant Payment Request & Worksheet (Form 8700-001). Project expenditures must be itemized on the Grant Payment Worksheet. Itemize all project expenditures in sufficient detail to indicate the exact nature of the expenditure and evidence of that expenditure. See Appendix A, Figure 1.
- Maintain all financial records for a minimum of three years after the project is completed.
- Maintain payroll vouchers for salaries and wages. If payroll voucher forms are not used, a statement must be prepared at the end of each pay period showing the name of employees, the hours spent on the project, the project item involved, and the gross amount of salary earned by each. The statement must be verified by the official responsible for the project and approved by appropriate authority.

### REIMBURSEMENT TIMELINE

**SIGN GRANT  
AGREEMENT**  
**30 DAYS**

**PROJECT  
START**  
**APRIL 15**

Grantee can submit reimbursement requests quarterly after project completion.

**PROJECT END**  
**JUNE 30**  
**2 YEARS LATER**

**REIMBURSEMENT  
DEADLINE**  
**DECEMBER 31**

no later than  
6 months from  
project end date

**FROM RECEIPT**



### Grantee Match

The grantee match of the project costs may include the substantiated value of donated materials, services and labor subject to all of the following:

- The maximum value of donated, non-professional labor shall be \$12.00 per hour
- The value of donated materials and professional service shall conform to market rates and be established by invoice.

Grantee match is calculated on a grant scale, therefore volunteer hours completed by one landowner can be used by another landowner.

The Grantee must complete and submit the Grant Payment & Worksheet (Form 8700-001) for each best practice, with supporting proofs of purchase, no matter how the grant is structured.

### Claims for Reimbursement

The Surface Water Grant Program awards reimbursement grants. Grantees may submit for reimbursement requests up to a quarterly basis once Healthy Lakes practice(s) have been completed. Healthy Lakes grant claims for final reimbursement must be submitted within six months after the project end date on forms provided by the Department.

The state share of a best practice is capped at \$1,000 per best practice. Reimbursement of technical assistance and project management costs is limited and must be indicated in your original grant application.

### Structuring Grant Reimbursement Claims

There are two common ways to structure a Healthy Lakes grant:

1. The landowner pays for the implementation of the practices, then is reimbursed by the grantee, who then is reimbursed by the department (Appendix A, Figure 2)
2. The grantee pays for the implementation of the practices and then is reimbursed by the department (Appendix A, Figure 3)

### Required Documentation

The following documentation is required to process a claim for reimbursement of project expenditures:

- ☐ Completed department reimbursement forms including Grant Payment Request & Worksheet Form 8700-001 indicating project expenditures incurred for each practice basis
- ☐ Copies of invoices for completed work, labeled with the landowner name and practice type
- ☐ If volunteer time is used as grant match, a completed Volunteer Labor Worksheet & Summary Used as Grant Match Form 8700-349B for each individual volunteer (Appendix A, Figure 4)
- ☐ Healthy Lakes Final report that includes before and after photos of each practice and data deliverables (template available upon request contact your [Lakes Biologist](#)); additionally, the grantee must maintain landowner contracts for 10 years

**Send All Claims for Reimbursement to** your [Environmental Grant Specialist](#).

### When a Project is Not in Compliance with the Grant Agreement

If the Department finds that a project has not been satisfactorily completed by the end date of the grant agreement or that the Grantee has violated a term of the grant agreement, the Department may terminate the grant and seek reimbursement of the state share or a portion of the state share previously distributed to the Grantee.

### Audits

The state has the right to audit or examine all books, papers, accounts, documents or other records of the Grantee as they relate to the project for which the funds were granted.

The Grantee must retain all project records for a period of three years after final payment or final disposition of audit findings.

The purpose of an audit is to check compliance with the terms of the grant agreement and verify that project expenditures were properly incurred and qualify for reimbursement or payment.

### Questions?

Contact your [Environmental Grant Specialist](#).

### LINKS:

Healthy Lakes website – <https://healthylakeswi.com>

Surface Water Grants website – <https://dnr.wi.gov/aid/surfacewater.html>



**WISCONSIN  
LAKES  
PARTNERSHIP**

Design and layout by Amy Kowalski, UWEX Lakes

## APPENDIX A

Save...	Print...	Clear Data	
State of Wisconsin Department of Natural Resources Box 7921 Madison, WI 53707-7921		<b>Grant Payment Request &amp; Worksheet</b> Form 8700-001 (R 11/17) <span style="float: right;">Page 1 of 5</span>	
<p><b>Notice:</b> Grantees are required to provide information requested on this form when applying for payment of a grant funded by the Department. The Department will not process your payment unless you provide all information requested. This information will be used to determine the amount of your payment and to issue your check. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis Stats.].</p> <p>Submit one copy of the completed Grant Payment Request &amp; Worksheet form, and required documentation, listed on reverse, to your DNR Grant Specialist. See the DNR web site for additional information: <a href="http://dnr.wi.gov/Aid">http://dnr.wi.gov/Aid</a>.</p>			
<b>Grantee and Project Information</b> - This section must be filled out entirely in order to complete the rest of the form.			
Grantee Name & County		Project Number	Grant Start Date
Biggest Lake Association Adams		LPT00001	05/15/2018
Project Title		Grant End Date	
Healthy Lake Project for Biggest Lake		12/31/2020	
Type of Request		<input type="radio"/> Partial <input checked="" type="radio"/> Final	
Is this a land acquisition project? <input type="radio"/> Yes <input checked="" type="radio"/> No		Will in-kind donations be applied to this request? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Did you receive a grant advance or escrow? <input type="radio"/> Yes <input checked="" type="radio"/> No		Is this your first payment request? <input checked="" type="radio"/> Yes <input type="radio"/> No	
The DNR will mail the check to the name identified on the application as the "Check Recipient." Contact your DNR Grant Specialist with questions.			
<b>Cost Share Summary</b>			
Enter the percent state cost share listed in your grant agreement or identified in your approved grant application.			
1. State Cost Share Percentage	75	%	
2. Grantee Cost Share Percentage	25	%	
<b>Payment Record to Date</b>			
	Amount	This Column for DNR Use Only	
3. Total State Aid Amount (from Grant Agreement)	5,000.00		
4. Total Payments Received (including Advance or Escrow)			
5. Funds Remaining	5,000.00		
<b>Reimbursement Calculation</b>			
Information in this section is transferred from the Grant Payment Worksheet, page 3. Complete the Worksheet next. Note: Grant payment may not exceed the amount expended by the grantee as shown in the Cash Paid column of the Worksheet, and may not exceed the funds remaining in line 5 above. This calculation will adjust the state share and the grantee share for these conditions.			
6. Total Eligible Project Costs this Period. Transferred from <a href="#">Worksheet</a>	3,991.00		
7. State Share of Costs	2,993.25		
8. Grantee Share of Costs	997.75		
<b>Reimbursement Amount</b>			
9. Amount Eligible this Claim	2,993.25		
10. Grant Balance Remaining	2,006.75		
<b>In-kind Donation Summary</b> For LPT00001			
11. In-kind donations applied to this claim	896.00		
12. Remaining In-kind donations applied to next claim for this grant	0.00		
Lake & River Grants Only: Does project include State Lab of Hygiene Sample Analysis? <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Certification</b>			
I certify that, to the best of my knowledge and belief, the eligible costs requested are in accordance with the terms of the grant agreement and that all expenditures are based on actual payments of record. This reimbursement represents the grant share due that has not been previously requested.			
Name of Authorized Representative - type or print		(Area Code) Telephone Number	
Signature of Authorized Representative		(Area Code) FAX Number	
Date Signed		Email Address	
<b>Space Below this Line for DNR Use Only</b>			
Grant Specialist Signature		Reimbursement Approval Date	

Figure 1: Page 1 of Form 8700-001 Grant Payment Request and Worksheet.



## APPENDIX A

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State of Wisconsin  
Department of Natural Resources  
Community Financial Assistance

## Grant Payment Request & Worksheet

Form 8700-001 (R 11/17) Page 3 of 5

**Notice:** Information requested on this worksheet is required by the Department when applying for reimbursement of eligible expenses. The Department will not consider your payment request unless you complete and submit this form and any required documentation.

**Project Sponsor / Management Unit Name** Biggest Lake Association  
Adams

Does this grant project include State Lab of Hygiene sample analysis costs?

☐ Yes ☒ No

Grant Number  
LPT00001

## GRANT PAYMENT WORKSHEET

[illegible]

Figure 2: Grant Payment Worksheet. This worksheet shows when the landowner pays for the implementation of the practices, then is reimbursed by the grantee, who then is reimbursed by the department. Note the payee is the landowner in this structuring of the reimbursement request.

[illegible]

Figure 3: Grant Payment Worksheet. This worksheet shows when grantee pays for the implementation of the practices and then is reimbursed by the department. Note the payee is the company and not the individual landowner.

## APPENDIX A

[Save...](#)
[Print...](#)
[Clear Data](#)

State of Wisconsin  
Department of Natural Resources (DNR)  
Division of Forestry  
PO Box 7921, Madison WI 53707-7921  
[dnr.wi.gov](http://dnr.wi.gov)

### Volunteer Labor Worksheet Used as Grant Match (Required for Federal \$)

Form 8700-349B (R 08/16)

**Notice:** Some DNR grant programs allow volunteer labor to count as the sponsor's match to grant funds provided by the Department. If you have a grant from one of those programs and choose to use volunteer labor as part of your match, use this form to document volunteer labor. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

**Instructions:** Completed form or form developed by sponsor showing the same required information must be submitted with each reimbursement request (both partial and final) to verify volunteer labor.

VOLUNTEER LABOR WORKSHEET				
Volunteer Last Name	First	MI	Grant Project Number	
Jones	Lilly		LPT00001	
Project Name:			<input type="checkbox"/> Check Box if Federal Funding	
Healthy Lake Project for Biggest Lake				
Date	Description of Work Performed	Hours	Rate*	Total
05/14/2018	rain garden planting	6.00 x	\$12.00 =	\$72.00
05/15/2018	rain garden planting	4.00 x	\$12.00 =	\$48.00
		x	=	
		x	=	
		x	=	
		x	=	
		x	=	
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<b>Total Value of Services Performed:</b>		10.00		\$120.00

\*Rate is typically a flat rate set by admin. code, Federal Minimum wage, or WI minimum wage.

I certify that the volunteer labor above has been performed and that this claim is true and correct.

Signature of Volunteer	Date Signed
Lilly Jones	05/15/2018
Volunteer Email	and/or Volunteer Phone Number
LJones@emailaccount.com	

Figure 4: Volunteer Example Worksheet. This volunteer worksheet shows how to indicate the type of volunteer work that was completed and the number of hours. Each volunteer must fill out their own form. Note an actual signature or an email or phone number is required on this form for the hours to count.